

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAIL STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(Type or Prin	it Clearly)		
NAME (Last)	(First)			
	(First)	(Middle)	TELEPHONE	
Temple	Laurie	Ann	(808) 522-5900	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3410			(808) 522-5909	
(City)	(State)	(Zip Code)		
Honolulu	HI	96801		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
	•		TELEPHONE	
MAILING ADDRESS (Street)			FAX	
			FAA	
(City)	(City) (State)		(Zip Code)	
			,	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
American Civil Liberties Union of Hawaii		(808) 522-5900	
MAILING ADDRESS (Street)			
P.O. Box 3410	FAX		
		(808) 522-5909	
(City)	(State)	(Zip Code) 96801	
Honolulu	HI		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Vanessa Y. Chong		(808) 522-5900	
MAILING ADDRESS (Street)			
P.O. Box 3410		FAX	
		(808) 522-5909	
(City)	(State)	(Zip Code)	
onolulu		96801	

LREG 03/2005

PART III DESCRIPTIO	N OF SUBJECTS UPON WE	HICH YOU EXPECT TO LOBB	
Agriculture	☐ Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Civil Liberties Civil Bights
PART IV CERTIFICATION	ON OF LOBBYIST		
	on information furnished above		
	C	e is, to the best of my knowledg	ge, correct and complete.
- Janus	temple		101121010
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME		TITLE OF AUTHODITIES OFFICE	
		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED
		Executive Director	
NAME OF ORGANIZATION (if a			TELEPHONE
American Civil Liberties Union of Hawaii			(808) 522-5900
MAILING ADDRESS (Street)			FAX
P.O. Box 3410			(808) 522-5909
(City)	(State)	(*	
Honolulu	HI		Zip Code)
			6801
I nereby authorize the	above - named person to enga	age in lobbying activities on be	ehalf of the undersigned.
llu	enal Chere	10	13.06
(Signature of Aur	thorizing Officer or Person Represent	<u> </u>	412.0B